#### Case 18-16742 Doc 1 Filed 06/12/18 Entered 06/12/18 12:58:58 Desc Main Document Page 1 of 48

| Fill in this information to identify your case: |                                 |                                 |
|---|---------------------------------|---------------------------------|
| United States Bankruptcy Court for the:         |                                 |                                 |
| NORTHERN DISTRICT OF ILLINOIS                   | _                               |                                 |
| Case number (if known)                          | _ Chapter you are filing under: |                                 |
|   | Chapter 7                       |                                 |
|   | ☐ Chapter 11                    |                                 |
|   | ☐ Chapter 12                    |                                 |
|   | ☐ Chapter 13                    | Check if this an amended filing |

### Official Form 101

## **Voluntary Petition for Individuals Filing for Bankruptcy**

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | t 1: Identify Yourself  |   |   |
|-----|---|---|---|
|     |   | About Debtor 1:                                   | About Debtor 2 (Spouse Only in a Joint Case): |
| 1.  | Your full name  |   |   |
|     | Write the name that is on your government-issued picture identification (for example, your driver's license or passport). | Katrina First name  R Middle name                 | First name  Middle name                       |
|     | Bring your picture identification to your meeting with the trustee.   | Brannon  Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III)      |
| 2.  | All other names you have used in the last 8 years   |   |   |
|     | Include your married or maiden names.   |   |   |
| 3.  | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)         | xxx-xx-6147                                       |   |

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Debtor 1 Katrina R Brannon

Case number (if known)

|  | About Debtor 1: About Debtor 2 (Spouse Only in a Joint Case): |   |  |  |  |  |
|--|---|---|--|--|--|--|
| 4. Any business names and<br>Employer Identification<br>Numbers (EIN) you have<br>used in the last 8 years |   | ■ I have not used any business name or EINs.  | ☐ I have not used any business name or EINs.   |  |  |  |
|  | Include trade names and doing business as names               | Business name(s)  | Business name(s)   |  |  |  |
|  |   | EINs  | EINs   |  |  |  |
| 5.   | Where you live  | 0404 0 4 4-   | If Debtor 2 lives at a different address:  |  |  |  |
|  |   | 8101 S. Ada Chicago, IL 60620  Number, Street, City, State & ZIP Code   | Number, Street, City, State & ZIP Code   |  |  |  |
|  |   | <b>Cook</b> County  | County   |  |  |  |
|  |   | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |  |  |  |
|  |   | Number, P.O. Box, Street, City, State & ZIP Code  | Number, P.O. Box, Street, City, State & ZIP Code   |  |  |  |
| 6.   | Why you are choosing this district to file for                | Check one:  | Check one:   |  |  |  |
|  | bankruptcy  | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                                | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                       |  |  |  |
|  |   | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)  | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)   |  |  |  |
|  |   |   |  |  |  |  |

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Case number (if known) Debtor 1 Katrina R Brannon

| arı | Tell the Court About  | Your Bank   | cruptcy C                   | ase  |   |  |  |  |  |  |
|-----|---|-------------|-----------------------------|--|---|--|--|--|--|--|
|     | The chapter of the Bankruptcy Code you are  |             |                             |  | h, see <i>Notice Required by</i><br>1 and check the appropria | r 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy te box.   |  |  |  |  |
|     | choosing to file under  | ■ Chapter 7 |                             |  |   |  |  |  |  |  |
|     |   | ☐ Chap      | □ Chapter 11                |  |   |  |  |  |  |  |
|     |   | ☐ Chap      | ter 12                      |  |   |  |  |  |  |  |
|     |   | ☐ Chap      | ter 13                      |  |   |  |  |  |  |  |
|     |   |             |                             |  |   |  |  |  |  |  |
| -   | How you will pay the fee  | ab<br>ord   | out how y                   | e entire fee when I file my petition. Please check with the clerk's office in your local court for more det ou may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or more attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a drivers. |   |  |  |  |  |  |
|     |   |             |                             |  |   | ion, sign and attach the Application for Individuals to Pay  |  |  |  |  |
|     |   |             | •                           | ee in Installments (Offic<br>at my fee be waived (   | ,   | on only if you are filing for Chapter 7. By law, a judge may,  |  |  |  |  |
|     |   | bu<br>ap    | t is not red<br>plies to yo | quired to, waive your fe<br>our family size and you  | e, and may do so only if your are unable to pay the fee       | our income is less than 150% of the official poverty line that in installments). If you choose this option, you must fill out icial Form 103B) and file it with your petition. |  |  |  |  |
|     | Have you filed for bankruptcy within the  | ■ No.       |                             |  |   |  |  |  |  |  |
|     | last 8 years?   | ☐ Yes.      |                             |  |   |  |  |  |  |  |
|     |   |             | District                    |  |   | Case number  |  |  |  |  |
|     |   |             | District                    |  | When  | Case number  |  |  |  |  |
|     |   |             | District                    |  | When  | Case number  |  |  |  |  |
| 0.  | Are any bankruptcy cases pending or being   | ■ No        |                             |  |   |  |  |  |  |  |
|     | filed by a spouse who is<br>not filing this case with<br>you, or by a business<br>partner, or by an<br>affiliate? | ☐ Yes.      |                             |  |   |  |  |  |  |  |
|     |   |             | Debtor                      |  |   | Relationship to you  |  |  |  |  |
|     |   |             | District                    |  | When  | Case number, if known  |  |  |  |  |
|     |   |             | Debtor                      |  |   | Relationship to you  |  |  |  |  |
|     |   |             | District                    |  | When  | Case number, if known  |  |  |  |  |
| 1.  | Do you rent your residence?   | □ No.       | Go to                       | line 12.   |   |  |  |  |  |  |
|     | residence :   | Yes.        | Has y                       | our landlord obtained a  | in eviction judgment again                                    | st you?  |  |  |  |  |
|     |   |             |                             | No. Go to line 12.   |   |  |  |  |  |  |
|     |   |             |                             | Yes. Fill out <i>Initial Sta</i> bankruptcy petition.  | atement About an Eviction                                     | Judgment Against You (Form 101A) and file it with this   |  |  |  |  |

Debtor 1 Katrina R Brannon Document Page 4 of 48 Case number (if known)

| art  | 3: Report About Any Bu  | sinesses `             | You Own   | as a Sole Propriet                    | or  |  |
|------|---|------------------------|---|---------------------------------------|---|--|
| 12.  | Are you a sole proprietor of any full- or part-time business?   | ■ No.                  | Go to I   | Part 4.                               |   |  |
|      |   | ☐ Yes.                 | Name and location of business   |                                       |   |  |
|      | A sole proprietorship is a<br>business you operate as<br>an individual, and is not a<br>separate legal entity such<br>as a corporation,<br>partnership, or LLC. |                        | Name of business, if any  |                                       |   |  |
|      | If you have more than one sole proprietorship, use a separate sheet and attach  |                        | Numbe   | er, Street, City, Stat                | e & ZIP Code  |  |
|      | it to this petition.  |                        | Check   | the appropriate bo                    | x to describe your business:  |  |
|      |   |                        |   | Health Care Busin                     | ness (as defined in 11 U.S.C. § 101(27A))   |  |
|      |   |                        |   | Single Asset Real                     | Estate (as defined in 11 U.S.C. § 101(51B))   |  |
|      |   |                        |   | Stockbroker (as d                     | efined in 11 U.S.C. § 101(53A))   |  |
|      |   |                        |   | Commodity Broke                       | r (as defined in 11 U.S.C. § 101(6))  |  |
|      |   |                        |   | None of the above                     |   |  |
| 13.  | Are you filing under<br>Chapter 11 of the<br>Bankruptcy Code and are<br>you a <i>small business</i><br>debtor?  | deadlines<br>operation | e filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate s. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of as, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure s.C. 1116(1)(B). |                                       |   |  |
|      | For a definition of <i>small</i>  | ■ No.                  | I am no   | ot filing under Chap                  | ter 11.   |  |
|      | business debtor, see 11 U.S.C. § 101(51D).  | □ No.                  | I am fil<br>Code.   | ing under Chapter                     | 11, but I am NOT a small business debtor according to the definition in the Bankruptcy  |  |
|      |   | ☐ Yes.                 | I am fil  | ing under Chapter                     | 11 and I am a small business debtor according to the definition in the Bankruptcy Code. |  |
| Part | 4: Report if You Own or   | Have Anv               | Hazardoi  | us Property or An                     | y Property That Needs Immediate Attention   |  |
|      | Do you own or have any  | _                      |   |                                       | , ,,,,  |  |
|      | property that poses or is alleged to pose a threat of imminent and  | ■ No. □ Yes.           | What is the   | ne hazard?                            |   |  |
|      | identifiable hazard to<br>public health or safety?<br>Or do you own any<br>property that needs<br>immediate attention?  |                        |   | ate attention is<br>why is it needed? |   |  |
|      | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?   |                        | Where is  | the property?                         |   |  |
|      | O 2 <del>-   2 .</del>  |                        |   |                                       | Number, Street, City, State & Zip Code  |  |

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Debtor 1 Katrina R Brannon

a R Brannon Case number (if known)

 Tell the court whether you have received a briefing about credit counseling.

Part 5:

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

Explain Your Efforts to Receive a Briefing About Credit Counseling

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

#### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of:                               |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

| Deb | otor 1 Katrina R Brannoi  | n                              | Document   | Page 6 of 48 Case number  | r (if known)  |  |  |
|-----|---|--------------------------------|--|---|---|--|--|
| Par | t 6: Answer These Questi  | ions for R                     | Reporting Purposes   |   |   |  |  |
|     | What kind of debts do you have?   | 16a.                           |  |   | ned in 11 U.S.C. § 101(8) as "incurred by an  |  |  |
|     |   |                                | ☐ No. Go to line 16b.  | ,   |   |  |  |
|     |   |                                | Yes. Go to line 17.  |   |   |  |  |
|     |   | 16b.                           | Are your debts primarily business money for a business or investment                                       |   |   |  |  |
|     |   |                                | ☐ No. Go to line 16c.  | <b>.</b>  |   |  |  |
|     |   |                                | ☐ Yes. Go to line 17.  |   |   |  |  |
|     |   | 16c.                           | State the type of debts you owe that   | are not consumer debts or busines   | s debts   |  |  |
| 17. | Are you filing under Chapter 7?   | □ No.                          | I am not filing under Chapter 7. Go t  | o line 18.  |   |  |  |
|     | Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors? | Yes.                           | I am filing under Chapter 7. Do you are paid that funds will be available.  No  Yes                        |   | erty is excluded and administrative expenses  |  |  |
| 18. | How many Creditors do you estimate that you owe?  | ■ 1-49 □ 50-99 □ 100-1 □ 200-9 | )<br>199   | □ 1,000-5,000<br>□ 5001-10,000<br>□ 10,001-25,000   | ☐ 25,001-50,000<br>☐ 50,001-100,000<br>☐ More than100,000   |  |  |
| 19. | How much do you estimate your assets to be worth?   | □ \$100,                       | 001 - \$100,000<br>,001 - \$500,000  | □ \$1,000,001 - \$10 million □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million | ☐ \$500,000,001 - \$1 billion ☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion |  |  |
| 20. | How much do you estimate your liabilities to be?  | <b>=</b> \$100,                | 001 - \$100,000<br>,001 - \$500,000  | □ \$1,000,001 - \$10 million □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million | □ \$500,000,001 - \$1 billion □ \$1,000,000,001 - \$10 billion □ \$10,000,000,001 - \$50 billion □ More than \$50 billion |  |  |
| Par | t 7: Sign Below   |                                |  |   |   |  |  |
| For | you   |                                | xamined this petition, and I declare un  | . , , , ,   | •   |  |  |
|     |   | United S                       | States Code. I understand the relief ava   | ailable under each chapter, and I ch  | ·   |  |  |
|     |   |                                | orney represents me and I did not pay<br>nt, I have obtained and read the notice                           |   | t an attorney to help me fill out this  |  |  |
|     |   | I request                      | request relief in accordance with the chapter of title 11, United States Code, specified in this petition. |   |   |  |  |
|     |   | bankrupt<br>and 357            | tcy case can result in fines up to \$250   |   | r property by fraud in connection with a ears, or both. 18 U.S.C. §§ 152, 1341, 1519                                      |  |  |
|     |   | Katrina                        | rina R Brannon  R Brannon  e of Debtor 1   | Signature of Debtor   | 2   |  |  |

Executed on

MM / DD / YYYY

Executed on June 11, 2018 MM / DD / YYYY

Debtor 1 Katrina R Brannon Page 7 of 48 Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Adam E     | 3. Bourdette           | Date          | June 11, 2018          |
|----------------|------------------------|---------------|------------------------|
| Signature of   | Attorney for Debtor    |               | MM / DD / YYYY         |
| Adam B. E      | Bourdette 6325542      |               |                        |
| Ledford, V     | Vu & Borges, LLC       |               |                        |
| Firm name      |                        |               |                        |
| 105 W. Ma      | dison                  |               |                        |
| 23rd Floor     | ſ                      |               |                        |
| Chicago, I     | L 60602                |               |                        |
|                | City, State & ZIP Code |               |                        |
| Contact phone  | 312-853-0200           | Email address | notice@billbusters.com |
| 6325542 IL     | _                      |               |                        |
| Bar number & S | tate                   |               | <del></del>            |

|                          |                          | Docume              | nt Page 8 of 48 |   |                                      |
|--------------------------|--------------------------|---------------------|-----------------|---|--------------------------------------|
| Fill in this inform      | mation to identify your  | case:               |                 |   |                                      |
| Debtor 1                 | Katrina R Branno         | n                   |                 |   |                                      |
|                          | First Name               | Middle Name         | Last Name       |   |                                      |
| Debtor 2                 |                          |                     |                 |   |                                      |
| (Spouse if, filing)      | First Name               | Middle Name         | Last Name       |   |                                      |
| United States Ba         | inkruptcy Court for the: | NORTHERN DISTRICT ( | OF ILLINOIS     |   |                                      |
| Case number _ (if known) |                          |                     |                 |   | ☐ Check if this is an amended filing |
|                          |                          |                     |                 | , | asaod ming                           |
|                          |                          |                     |                 |   |                                      |

### Official Form 106Sum

#### **Summary of Your Assets and Liabilities and Certain Statistical Information**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| Par | t 1: Summarize Your Assets   |             |                          |
|-----|--|-------------|--------------------------|
|     |  | Your a      | ssets<br>of what you own |
| 1.  | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B   | \$          | 0.00                     |
|     | 1b. Copy line 62, Total personal property, from Schedule A/B   | \$          | 270.00                   |
|     | 1c. Copy line 63, Total of all property on Schedule A/B  | \$          | 270.00                   |
| Par | t 2: Summarize Your Liabilities  |             |                          |
|     |  |             | abilities<br>It you owe  |
| 2.  | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$          | 0.00                     |
| 3.  | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                            | \$          | 0.00                     |
|     | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F  | \$          | 101,802.08               |
|     | Your total liabilities   | \$          | 101,802.08               |
| Par | t 3: Summarize Your Income and Expenses  |             |                          |
| 4.  | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I  | \$          | 0.00                     |
| 5.  | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J  | \$          | 1,272.00                 |
| Par | 4: Answer These Questions for Administrative and Statistical Records   |             |                          |
| 6.  | Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you                     | ur other sc | hedules.                 |
| 7.  | Yes What kind of debt do you have?   |             |                          |
|     | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for   | a nersonal  | family or                |

- Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

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Page 9 of 48 Case number (if known) Debtor 1 Katrina R Brannon

| 8. | From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form |
|----|--|
|    | 122A-1 Line 11; <b>OR</b> , Form 122B Line 11; <b>OR</b> , Form 122C-1 Line 14.                              |

0.00 \$

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| From Part 4 on Schedule E/F, copy the following:  | Tota       | al claim  |
|---|------------|-----------|
| 9a. Domestic support obligations (Copy line 6a.)  | \$         | 0.00      |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)   | \$         | 0.00      |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)   | \$ _<br>\$ | 0.00      |
| 9d. Student loans. (Copy line 6f.)  | Ψ –<br>\$  |           |
|   | · –        | 65,601.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as<br>priority claims. (Copy line 6g.) | \$_        | 0.00      |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)  | +\$_       | 0.00      |
| 9g. <b>Total.</b> Add lines 9a through 9f.  | \$         | 65,601.00 |
| 9g. <b>Total.</b> Add lines 9a through 9f.  | \$         | 65,601.00 |

Document Page 10 of 48 Fill in this information to identify your case and this filing: Debtor 1 Katrina R Brannon Middle Name First Name Last Name Debtor 2 (Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Case number Check if this is an amended filing Official Form 106A/B Schedule A/B: Property 12/15 In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property? No. Go to Part 2. ☐ Yes. Where is the property? Part 2: Describe Your Vehicles Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases. 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles ■ No ☐ Yes 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories ■ No □ Yes 5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for \$0.00 pages you have attached for Part 2. Write that number here..... Part 3: Describe Your Personal and Household Items Do you own or have any legal or equitable interest in any of the following items? Current value of the portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware ■ No ☐ Yes. Describe..... 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games □ No Yes. Describe..... \$200.00 Television, and Cell Phone

Official Form 106A/B Schedule A/B: Property page 1

| Debtor 1           | Katrina R Brannon   | Document                      | Page 11 of 48 Case number                | (if known)  |
|--------------------|---|-------------------------------|--|---|
|                    |   |                               |  |   |
| Examp  ■ No        | other collections, memorabilia, c   |                               | oks, pictures, or other art objects; sta | amp, coin, or baseball card collections;  |
| ☐ Yes.             | Describe  |                               |  |   |
|                    | nent for sports and hobbies  les: Sports, photographic, exercise, a musical instruments | and other hobby equipment;    | bicycles, pool tables, golf clubs, skis  | ; canoes and kayaks; carpentry tools;   |
| ☐ Yes.             | Describe  |                               |  |   |
| ■ No               | ples: Pistols, rifles, shotguns, ammu   | nition, and related equipmen  | t  |   |
| ☐ Yes.             | Describe  |                               |  |   |
| 11. Clothe Exam    | es ples: Everyday clothes, furs, leather  | coats, designer wear, shoes   | , accessories                            |   |
| Yes.               | Describe  |                               |  |   |
|                    | Necessary We  | aring Apparel                 |  | \$50.00   |
| 13. <b>Non-f</b> a | OWN ANY JEV VALUE????  arm animals ples: Dogs, cats, birds, horses                      | NELRY or WATCH                |  | Unknown   |
| ☐ Yes.             | Describe  |                               |  |   |
| ■ No               | ther personal and household items Give specific information                             | s you did not already list, i | ncluding any health aids you did r       | oot list  |
|                    |   |                               |  |   |
|                    | the dollar value of all of your entri<br>art 3. Write that number here                  |                               |  | ched \$250.00   |
| Part 4: De         | escribe Your Financial Assets   |                               |  |   |
| Do you o           | wn or have any legal or equitable i   | nterest in any of the follow  | ring?                                    | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| ☐ No               | ples: Money you have in your wallet,  |                               |  | our petition  |
| . 30.              |   |                               | Cash                                     | \$20.00   |

Official Form 106A/B Schedule A/B: Property page 2 Case 18-16742 Doc 1 Filed 06/12/18 Entered 06/12/18 12:58:58 Desc Main Document Page 12 of 48

Case number (if known)

17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. ■ No ☐ Yes..... Institution name: 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts ■ No Institution or issuer name: ☐ Yes..... 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans ☐ Yes. List each account separately. Type of account: Institution name: 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others ■ No Institution name or individual: ☐ Yes. ..... 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) No ☐ Yes..... Issuer name and description. 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ■ No ☐ Yes..... Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements No ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses Yes. Give specific information about them... \$0.00 **Registered Nurse** Money or property owed to you? Current value of the

portion you own?

Do not deduct secured

Katrina R Brannon

Debtor 1

Case 18-16742 Doc 1 Filed 06/12/18 Entered 06/12/18 12:58:58 Desc Main Document Page 13 of 48 Case number (if known) Katrina R Brannon Debtor 1 claims or exemptions. 28. Tax refunds owed to you No ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years...... 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ☐ Yes. Give specific information..... 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else ☐ Yes. Give specific information.. 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance ☐ Yes. Name the insurance company of each policy and list its value. Company name: Beneficiary: Surrender or refund value: 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. No ☐ Yes. Give specific information.. 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue ■ No ☐ Yes. Describe each claim....... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims ■ No ☐ Yes. Describe each claim....... 35. Any financial assets you did not already list No ☐ Yes. Give specific information.. 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached \$20.00 for Part 4. Write that number here..... Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

7 Do you own or have any legal or equitable interest in any husiness-related property?

37. Do you own or have any legal or equitable interest in any business-related property?

No. Go to Part 6.

☐ Yes. Go to line 38.

Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

No. Go to Part 7.

☐ Yes. Go to line 47.

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Case number (if known) Document Debtor 1 Katrina R Brannon

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership ☐ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here ..... \$0.00 List the Totals of Each Part of this Form 55. Part 1: Total real estate, line 2 ...... \$0.00 Part 2: Total vehicles, line 5 56. \$0.00 Part 3: Total personal and household items, line 15 57. \$250.00 Part 4: Total financial assets, line 36 \$20.00

\$0.00

Part 6: Total farm- and fishing-related property, line 52 \$0.00 Part 7: Total other property not listed, line 54 \$0.00

> \$270.00 Copy personal property total \$270.00

63. Total of all property on Schedule A/B. Add line 55 + line 62

Total personal property. Add lines 56 through 61...

Part 5: Total business-related property, line 45

59.

\$270.00

Official Form 106A/B Schedule A/B: Property page 5

Official Form 106C

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Debtor 1 Katrina R Brannon Case number (if known)

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| Fill in this infor  | mation to identify your  | case:             |             |                       |
|---------------------|--------------------------|-------------------|-------------|-----------------------|
| Debtor 1            | Katrina R Branno         | on                |             |                       |
|                     | First Name               | Middle Name       | Last Name   |                       |
| Debtor 2            |                          |                   |             |                       |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name   |                       |
| United States Ba    | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS |                       |
| Case number         |                          |                   |             |                       |
| (if known)          |                          |                   |             | ☐ Check if this is an |
|                     |                          |                   |             | amended filing        |

#### Official Form 106D

### Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

- 1. Do any creditors have claims secured by your property?
  - No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below.

|   | Ouc   | DC 10 10142  | 700 I   | Document  | Page 18   | 3 of 48   |  | 30 Main  |
|---|---|--|---|---|---|---|--|--|
| Fill in th  | nis inform  | ation to identify your   |   |   |   |   |  |  |
| Debtor 1  | 1   | Katrina R Branno   | n   |   |   |   |  |  |
|   |   | First Name   | Middle N  | ame   | Last Name   |   |  |  |
| Debtor 2<br>(Spouse if,                                   |   | First Name   | Middle N  | ame   | Last Name   |   |  |  |
|   |   |  |   |   |   |   |  |  |
| United S  | States Ban  | kruptcy Court for the:   | NORTHERM  | N DISTRICT OF ILL   | INOIS   |   |  |  |
| Case nu   | ımber   |  |   | _   |   |   |  |  |
| (if known)  |   |  |   |   |   |   | _  | Check if this is an  |
|   |   |  |   |   |   |   | 6  | amended filing   |
| Officia   | al Form   | 106E/F   |   |   |   |   |  |  |
|   |   | F: Creditors W   | ho Have   | Unsecured   | Claims  |   |  | 12/15  |
| ny execu<br>schedule<br>schedule<br>eft. Attac<br>ame and | utory contra<br>G: Executo<br>D: Credito<br>h the Conti<br>I case num | acts or unexpired leases<br>ory Contracts and Unexp<br>rs Who Have Claims Seci<br>inuation Page to this pag<br>ber (if known). | that could resuired Leases (O<br>ured by Proper<br>e. If you have r | ult in a claim. Also lis<br>fficial Form 106G). Do<br>ty. If more space is n<br>no information to rep | st executory on<br>onot include<br>leeded, copy t | Part 2 for creditors with NONPF ontracts on Schedule A/B: Pro<br>any creditors with partially sec<br>he Part you need, fill it out, nu<br>lo not file that Part. On the top | perty (Office<br>cured claims<br>mber the er | cial Form 106A/B) and on<br>s that are listed in<br>ntries in the boxes on the |
| Part 1:   |   | of Your PRIORITY Un  |   |   |   |   |  |  |
| _   | lo. Go to Pa  | . ,  | u Ciaiilis agailis  | st your   |   |   |  |  |
|   |   | III Z.   |   |   |   |   |  |  |
| Part 2:   | _   | of Your NONPRIORIT   | Y Unsecured   | Claims  |   |   |  |  |
|   |   | s have nonpriority unsec   |   |   |   |   |  |  |
| _   | •   | e nothing to report in this pa   | _   | •   | our other scho                                    | dulos   |  |  |
|   |   | e nothing to report in this pa   | art. Submit triis   | ioini to trie court with y  | our other sche                                    | edules.   |  |  |
| Y   | es.   |  |   |   |   |   |  |  |
| unse  | cured claim<br>one creditor   | , list the creditor separately   | for each claim.   | For each claim listed,  | identify what t                                   | holds each claim. If a creditor<br>ype of claim it is. Do not list claim<br>three nonpriority unsecured claim   | ns already in                                | cluded in Part 1. If more  |
|   |   |  |   |   |   |   |  | Total claim  |
| 4.1   | Aes/Rbs   | Citizens Na  |   | Last 4 digits of acco   | ount number                                       | 0001  |  | \$5,147.00   |
|   |   | Creditor's Name  |   | _   |   |   |  | . , ,  |
|   | Attn: Bai<br>Po Box 2   | nkruptcy Dept  |   | When was the debt   | incurred?   | Opened 11/07 Last Ac 5/15/18  | tive   |  |
| _   | Harrisbu  | irg, PA 17105<br>eet City State Zlp Code   |   |   |   | s: Check all that apply   |  | _  |
|   |   | red the debt? Check one.   |   |   |   |   |  |  |
|   | Debtor 1  | l only   |   | ☐ Contingent  |   |   |  |  |
|   | Debtor 2  | 2 only   |   | ☐ Unliquidated  |   |   |  |  |
|   | Debtor 1  | I and Debtor 2 only  |   | ☐ Disputed  |   |   |  |  |
|   | ☐ At least  | one of the debtors and and   | other   | Type of NONPRIORI   | TY unsecured                                      | I claim:  |  |  |
|   |   | f this claim is for a comr   | nunity  | Student loans   |   |   |  |  |
|   | debt<br>Is the claim  | n subject to offset?   |   | Obligations arising report as priority claim  |   | ration agreement or divorce that  | you did not                                  |  |
|   | No No   |  |   |   |   | g plans, and other similar debts  |  |  |
|   | □ Yes   |  |   | ☐ Other. Specify  | •   |   |  |  |
|   | 100   |  |   | —   | Educationa  |   |  | _  |

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Debtor 1 Katrina R Brannon Case number (if know) 4.2 \$4,821.00 Capital One Last 4 digits of account number 1857 Nonpriority Creditor's Name Attn: Bankruptcy Opened 12/14 Last Active Po Box 30285 When was the debt incurred? 3/06/18 Salt Lake City, UT 84130 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts Other. Specify Credit Card ☐ Yes 4.3 **Capital One** Last 4 digits of account number 1779 \$544.00 Nonpriority Creditor's Name Attn: Bankruptcv Opened 07/15 Last Active Po Box 30285 When was the debt incurred? 3/06/18 Salt Lake City, UT 84130 Number Street City State ZIp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims lacksquare Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes **Credit Card** Other. Specify 4.4 **Chase Card Services** \$688.00 Last 4 digits of account number 3633 Nonpriority Creditor's Name **Correspondence Dept** Opened 03/15 Last Active Po Box 15298 When was the debt incurred? 3/06/18 Wilmington, DE 19850 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No

☐ Yes

■ Other. Specify Credit Card

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Debtor 1 Katrina R Brannon Case number (if know) 4.5 \$10,163.00 Dept of Ed / Navient Last 4 digits of account number 0825 Nonpriority Creditor's Name Attn: Claims Dept Opened 08/09 Last Active Po Box 9635 When was the debt incurred? 12/26/17 Wilkes Barr, PA 18773 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ☐ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other, Specify Educational 4.6 Dept of Ed / Navient Last 4 digits of account number 0814 \$10,117.00 Nonpriority Creditor's Name Attn: Claims Dept Opened 08/10 Last Active Po Box 9635 When was the debt incurred? 12/26/17 Wilkes Barr, PA 18773 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify Educational 4.7 Dept of Ed / Navient Last 4 digits of account number 0810 \$9,198.00 Nonpriority Creditor's Name Attn: Claims Dept Opened 08/12 Last Active Po Box 9635 When was the debt incurred? 12/26/17 Wilkes Barr, PA 18773 Number Street City State ZIp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent Debtor 1 only ☐ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No lacksquare Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify

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Educational

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Debtor 1 Katrina R Brannon Case number (if know) 4.8 \$6,975.00 Dept of Ed / Navient Last 4 digits of account number 1203 Nonpriority Creditor's Name Attn: Claims Dept Opened 12/08 Last Active Po Box 9635 When was the debt incurred? 12/26/17 Wilkes Barr, PA 18773 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ☐ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other, Specify Educational 4.9 Dept of Ed / Navient Last 4 digits of account number 0825 \$6,219.00 Nonpriority Creditor's Name Opened 08/09 Last Active Attn: Claims Dept Po Box 9635 When was the debt incurred? 12/26/17 Wilkes Barr, PA 18773 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify Educational 4.1 0814 \$5.882.00 Dept of Ed / Navient 0 Last 4 digits of account number Nonpriority Creditor's Name Attn: Claims Dept Opened 08/10 Last Active Po Box 9635 When was the debt incurred? 12/26/17 Wilkes Barr, PA 18773 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed ☐ Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Other. Specify ☐ Yes

Official Form 106 E/F

Educational

Document Page 22 of 48 Debtor 1 Katrina R Brannon Case number (if know) 4.1 Dept of Ed / Navient 0903 \$5,133.00 Last 4 digits of account number Nonpriority Creditor's Name Attn: Claims Dept Opened 09/08 Last Active Po Box 9635 When was the debt incurred? 12/26/17 Wilkes Barr, PA 18773 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only □ Unliquidated Debtor 2 only ☐ Disputed ☐ Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify Educational 4.1 Dept of Ed / Navient 0713 \$4,989.00 Last 4 digits of account number 2 Nonpriority Creditor's Name Attn: Claims Dept Opened 07/12 Last Active Po Box 9635 When was the debt incurred? 12/26/17 Wilkes Barr, PA 18773 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ☐ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims lacksquare Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ☐ Other. Specify Educational 4.1 0602 Dept of Ed / Navient \$1,140.00 Last 4 digits of account number Nonpriority Creditor's Name Opened 06/09 Last Active Attn: Claims Dept Po Box 9635 When was the debt incurred? 12/26/17 Wilkes Barr, PA 18773 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another Student loans ☐ Check if this claim is for a community

Official Form 106 E/F

debt

■ No ☐ Yes report as priority claims

☐ Other. Specify

☐ Obligations arising out of a separation agreement or divorce that you did not

 $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts

**Educational** 

Is the claim subject to offset?

Document Page 23 of 48 Debtor 1 Katrina R Brannon Case number (if know) 4.1 \$638.00 Dept of Ed / Navient 0527 Last 4 digits of account number 4 Nonpriority Creditor's Name Attn: Claims Dept Opened 05/10 Last Active Po Box 9635 When was the debt incurred? 12/26/17 Wilkes Barr, PA 18773 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only □ Unliquidated Debtor 2 only ☐ Disputed ☐ Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify Educational 4.1 **Discover Financial** 5133 \$4,229.00 Last 4 digits of account number 5 Nonpriority Creditor's Name Opened 01/18 Last Active Po Box 3025 When was the debt incurred? 3/01/18 New Albany, OH 43054 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\hfill\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify Credit Card 4.1 **Lending Club Corp** \$25,451.00 7776 Last 4 digits of account number 6 Nonpriority Creditor's Name 71 Stevenson St Opened 09/17 Last Active Suite 300 12/22/17 When was the debt incurred? San Francisco, CA 94105 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community

debt

■ No

☐ Yes

■ Other. Specify Unsecured

report as priority claims

☐ Obligations arising out of a separation agreement or divorce that you did not

Debts to pension or profit-sharing plans, and other similar debts

Is the claim subject to offset?

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Case number (if know)

Debtor 1 Katrina R Brannon

| University of Chicago                    | Last 4 digits of account number   | \$468.08 |
|--|---|----------|
| Nonpriority Creditor's Name              | <del></del>   |          |
| 75 Remittance Dr, Ste 1385               | When was the debt incurred?   |          |
| Chicago, IL 60675                        | - Accepted to the confine distriction for the many contribution of              |          |
| lumber Street City State Zlp Code        | As of the date you file, the claim is: Check all that apply                     |          |
| Who incurred the debt? Check one.        |   |          |
| Debtor 1 only                            | ☐ Contingent  |          |
| Debtor 2 only                            | ☐ Unliquidated  |          |
| Debtor 1 and Debtor 2 only               | ☐ Disputed  |          |
| At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:  |          |
| ☐ Check if this claim is for a community | ☐ Student loans   |          |
| debt                                     | ☐ Obligations arising out of a separation agreement or divorce that you did not |          |
| s the claim subject to offset?           | report as priority claims   |          |
| No                                       | $\square$ Debts to pension or profit-sharing plans, and other similar debts     |          |
| ☐ Yes                                    | ■ Other. Specify Medical or Dental services                                     |          |

#### Part 3: List Others to Be Notified About a Debt That You Already Listed

#### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

|              |     |   |     | Total Claim      |
|--------------|-----|---|-----|------------------|
|              | 6a. | Domestic support obligations  | 6a. | \$<br>0.00       |
| Total claims |     |   |     |                  |
| from Part 1  | 6b. | Taxes and certain other debts you owe the government  | 6b. | \$<br>0.00       |
|              | 6c. | Claims for death or personal injury while you were intoxicated  | 6c. | \$<br>0.00       |
|              | 6d. | Other. Add all other priority unsecured claims. Write that amount here.                                 | 6d. | \$<br>0.00       |
|              | 6e. | Total Priority. Add lines 6a through 6d.  | 6e. | \$<br>0.00       |
|              |     |   |     | Total Claim      |
|              | 6f. | Student loans   | 6f. | \$<br>65,601.00  |
| Total claims |     |   |     |                  |
| from Part 2  | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$<br>0.00       |
|              | 6h. | Debts to pension or profit-sharing plans, and other similar debts                                       | 6h. | \$<br>0.00       |
|              | 6i. | <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.                       | 6i. | \$<br>36,201.08  |
|              | 6j. | Total Nonpriority. Add lines 6f through 6i.   | 6j. | \$<br>101,802.08 |

<sup>5.</sup> Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

|                     |                          | 1700.000          | III FAUE 7.3 UI 40 |  |
|---------------------|--------------------------|-------------------|--------------------|--|
| Fill in this infor  | rmation to identify your | case:             |                    |  |
| Debtor 1            | Katrina R Branno         | on                |                    |  |
|                     | First Name               | Middle Name       | Last Name          |  |
| Debtor 2            |                          |                   |                    |  |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name          |  |
| United States B     | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS        |  |
| Case number         |                          |                   |                    |  |
| (if known)          |                          |                   |                    |  |
|                     |                          |                   |                    |  |

### Official Form 106G

### **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Tyes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

|     | Person or | r <b>company with</b><br>Name, Numbe | whom you have the<br>r, Street, City, State and ZIP C | contract or lease | State what the contract or lease is for |
|-----|-----------|--------------------------------------|---|-------------------|---|
| 2.1 |           |                                      |   |                   |   |
|     | Name      |                                      |   |                   | <del>_</del>                            |
|     |           |                                      |   |                   |   |
|     | Number    | Street                               |   |                   |   |
|     | City      |                                      | State   | ZIP Code          | _                                       |
| 2.2 |           |                                      |   |                   | _                                       |
|     | Name      |                                      |   |                   |   |
|     |           |                                      |   |                   |   |
|     | Number    | Street                               |   |                   |   |
|     | City      |                                      | State   | ZIP Code          | <u> </u>                                |
| 2.3 | City      |                                      | State   | ZIF Code          |   |
|     | Name      |                                      |   |                   | <del>_</del>                            |
|     |           |                                      |   |                   |   |
|     | Number    | Street                               |   |                   | _                                       |
|     | rambor    | Ciroot                               |   |                   |   |
|     | City      |                                      | State   | ZIP Code          | <del></del>                             |
| 2.4 |           |                                      |   |                   |   |
|     | Name      |                                      |   |                   |   |
|     |           |                                      |   |                   |   |
|     | Number    | Street                               |   |                   |   |
|     |           |                                      |   |                   |   |
|     | City      |                                      | State   | ZIP Code          |   |
| 2.5 |           |                                      |   |                   | <u></u>                                 |
|     | Name      |                                      |   |                   |   |
|     |           |                                      |   |                   |   |
|     | Number    | Street                               |   |                   |   |
|     | City      |                                      | State   | ZIP Code          | _                                       |
|     |           |                                      |   |                   |   |

|                                 |  | Docume   | ent Page 26 d             | )T 48   |   |
|---------------------------------|--|--|---------------------------|---|---|
| Fill in this inf                | ormation to identify your                                    |  |                           |   |   |
| Debtor 1                        | Katrina R Branno   | n  |                           |   |   |
|                                 | First Name   | Middle Name  | Last Name                 |   |   |
| Debtor 2<br>(Spouse if, filing) | First Name   | Middle Name  | Last Name                 |   |   |
|                                 |  | NORTHERN DISTRICT                                    |                           |   |   |
| United States                   | Bankruptcy Court for the:                                    | NORTHERN DISTRICT                                    | OF ILLINOIS               |   |   |
| Case number<br>(if known)       |  |  |                           |   | ☐ Check if this is an amended filing  |
| Schedul<br>Codebtors are        |  | re also liable for any deb                           |                           |   | 12/15 ate as possible. If two married needed, copy the Additional Page,   |
| ill it out, and<br>our name and | number the entries in the<br>d case number (if known)        | boxes on the left. Attach<br>. Answer every question | n the Additional Page t   | o this page. On the top   | p of any Additional Pages, write  |
| 1. Do you                       | I have any codebtors? (If                                    | you are filing a joint case, o                       | do not list either spouse | as a codebtor.  |   |
| ■ No<br>□ Yes                   |  |  |                           |   |   |
| Arizona, C                      | California, Idaho, Louisiana,                                | Nevada, New Mexico, Pu                               | erto Rico, Texas, Wash    |   | y states and territories include  |
| in line 2 a                     | again as a codebtor only i<br>iD), Schedule E/F (Official    | f that person is a guaran                            | tor or cosigner. Make     | sure you have listed th   | g with you. List the person shown<br>he creditor on Schedule D (Official<br>Schedule E/F, or Schedule G to fill |
|                                 | umn 1: Your codebtor<br>e, Number, Street, City, State and Z | P Code   |                           | Column 2: The cre<br>Check all schedule   | editor to whom you owe the debt es that apply:  |
| 3.1 Nam                         | ne e   |  |                           | ☐ Schedule D, lin☐ Schedule E/F, I☐ Schedule G, lin☐ Schedule E/F, lin☐ Schedule G, lin☐ Schedule G, lin☐ Schedule E/F, lin☐ Schedule G, lin☐ | ine   |
| Num<br>City                     | ber Street   | State  | ZIP Code                  | _   |   |
| 3.2 Nam                         | ie   |  |                           | ☐ Schedule D, lin☐ Schedule E/F, I☐ Schedule G, lin☐  | line  |
| Num<br>City                     | ber Street   | State  | ZIP Code                  | _   |   |

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| Fill               | in this information to identify your c  | ase.  |   |             |                | I                                   |                            |                                 |                 |
|--------------------|---|---|---|-------------|----------------|-------------------------------------|----------------------------|---------------------------------|-----------------|
|                    | btor 1 Katrina R B  |   |   |             |                |                                     |                            |                                 |                 |
|                    | btor 2<br>buse, if filing)  |   |   |             | _              |                                     |                            |                                 |                 |
| Uni                | ited States Bankruptcy Court for the  | : NORTHERN DISTRIC                                    | CT OF ILLINOIS                                      |             |                |                                     |                            |                                 |                 |
| (If kr             | se number nown)  fficial Form 1061  |   | -   |             |                |                                     | ded filing<br>ment showir  | ng postpetition following date: |                 |
| _                  | <u>fficial Form 106l</u><br>chedule I: Your Inc   |   |   |             |                | MM / DD                             | / YYYY                     |                                 |                 |
| sup<br>spo<br>atta | as complete and accurate as pos plying correct information. If you use. If you are separated and you ch a separate sheet to this form.  The describe Employment | are married and not fili<br>Ir spouse is not filing w | ng jointly, and your ith you, do not inclu          | spouse i    | s liv<br>natio | ing with you, ir<br>on about your s | clude infor<br>pouse. If m | mation about<br>ore space is    | your<br>needed, |
| 1.                 | Fill in your employment information.  |   | Debtor 1  |             |                | Debto                               | r 2 or non-f               | iling spouse                    |                 |
|                    | If you have more than one job, attach a separate page with information about additional   | Employment status                                     | <ul><li>■ Employed</li><li>□ Not employed</li></ul> |             |                |                                     | ployed<br>employed         |                                 |                 |
|                    | employers.  Include part-time, seasonal, or self-employed work.   | Occupation  Employer's name                           | Unemployed  |             |                |                                     |                            |                                 |                 |
|                    | Occupation may include student or homemaker, if it applies.   | Employer's address                                    |   |             |                |                                     |                            |                                 |                 |
|                    |   | How long employed t                                   | here?   |             |                |                                     |                            |                                 |                 |
| Pai                | rt 2: Give Details About Mo   | nthly Income  |   |             |                |                                     |                            |                                 |                 |
|                    | mate monthly income as of the duse unless you are separated.  | ate you file this form. If                            | you have nothing to r                               | eport for   | any l          | line, write \$0 in t                | ne space. In               | iclude your no                  | n-filing        |
| -                  | ou or your non-filing spouse have mee space, attach a separate sheet to   |   | ombine the informatio                               | n for all e | mplo           | oyers for that pe                   | son on the l               | ines below. If                  | you need        |
|                    |   |   |   |             |                | For Debtor 1                        |                            | ebtor 2 or<br>ling spouse       |                 |
| 2.                 | List monthly gross wages, sala deductions). If not paid monthly,  |   |   | 2.          | \$             | 0.0                                 | <u> </u>                   | N/A                             |                 |
| 3.                 | Estimate and list monthly over  | ime pay.  |   | 3.          | +\$            | 0.0                                 | )+\$                       | N/A                             |                 |
| 4.                 | Calculate gross Income. Add li  | ne 2 + line 3.  |   | 4.          | \$             | 0.00                                | \$                         | N/A                             |                 |

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| Deb | tor 1                      | Katrina R Brannon  |      | Ca     | ise number (if kn | own)    |      |                    |                     |      |
|-----|----------------------------|--|------|--------|-------------------|---------|------|--------------------|---------------------|------|
|     |                            |  |      | F      | For Debtor 1      |         |      | Debtor<br>filing s | 2 or spouse         |      |
|     | Cop                        | by line 4 here   | 4.   | \$     |                   | .00     | \$   |                    | N/A                 |      |
| 5.  | List                       | all payroll deductions:  |      |        |                   |         |      |                    |                     |      |
|     | 5a.                        | Tax, Medicare, and Social Security deductions  | 5a   | ı. \$  | . 0               | .00     | \$   |                    | N/A                 |      |
|     | 5b.                        | Mandatory contributions for retirement plans   | 5b   | . \$   | 0                 | .00     | \$   |                    | N/A                 |      |
|     | 5c.                        | Voluntary contributions for retirement plans   | 5c   | . \$   | 0                 | .00     | \$   |                    | N/A                 |      |
|     | 5d.                        | Required repayments of retirement fund loans   | 5d   | l. \$  | 0                 | .00     | \$   |                    | N/A                 |      |
|     | 5e.                        | Insurance  | 5e   | . \$   | 0                 | .00     | \$   |                    | N/A                 |      |
|     | 5f.                        | Domestic support obligations   | 5f.  |        |                   | .00     | \$   |                    | N/A                 |      |
|     | 5g.                        | Union dues   | 5g   |        |                   | .00     | \$   |                    | N/A                 |      |
|     | 5h.                        | Other deductions. Specify:   | _ 5h | 1.+ \$ | 50                | .00     | + \$ |                    | N/A                 |      |
| 6.  |                            | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.   | 6.   | \$     | 0                 | .00     | \$   |                    | N/A                 |      |
| 7.  | Cal                        | culate total monthly take-home pay. Subtract line 6 from line 4.   | 7.   | \$     | 0                 | .00     | \$   |                    | N/A                 |      |
| 8.  | List<br>8a.                | all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total                |      |        |                   |         |      |                    |                     |      |
|     |                            | monthly net income.  | 8a   |        |                   | .00     | \$   |                    | N/A                 |      |
|     | 8b.                        | Interest and dividends   | 8b   | ). \$  | 50                | .00     | \$   |                    | N/A                 |      |
|     | 8c.                        | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.   | 8c   | :. \$  | ; o               | .00     | \$   |                    | N/A                 |      |
|     | 8d.                        | Unemployment compensation  | 8d   | l. \$  | 0                 | .00     | \$   |                    | N/A                 |      |
|     | 8e.                        | Social Security  | 8e   | . \$   | 0                 | .00     | \$   |                    | N/A                 |      |
|     | 8f.                        | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:    | 8f.  |        |                   | .00     | \$   |                    | N/A                 |      |
|     | 8g.                        | Pension or retirement income   | 8g   |        |                   | .00     | \$   |                    | N/A                 |      |
|     | 8h.                        | Other monthly income. Specify:   | _ 8h | 1.+ \$ |                   | .00     | + 5  |                    | N/A                 |      |
| 9.  | Add                        | d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.   | 9.   | \$_    | 0                 | .00     | \$   |                    | N/A                 |      |
| 10  | Cal                        | culate monthly income. Add line 7 + line 9.  | 10.  | \$     | 0.00              | + \$    |      | N/A                | = \$                | 0.00 |
|     |                            | I the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.   |      | *—     | 0.00              | .   * - |      | 14/7               |                     | 0.00 |
| 11. | Star<br>Incl<br>othe<br>Do | te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are not accify: | depe |        |                   |         | -    |                    | e J.<br>+\$         | 0.00 |
| 12. |                            | If the amount in the last column of line 10 to the amount in line 11. The reside that amount on the Summary of Schedules and Statistical Summary of Certain lies   |      |        |                   |         |      | 12.                | \$                  | 0.00 |
| 13. | Do                         | you expect an increase or decrease within the year after you file this form  | ?    |        |                   |         |      | !                  | Combined monthly in |      |
|     |                            | No.  |      |        |                   |         |      |                    |                     |      |

Official Form 106I Schedule I: Your Income page 2

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| Be as complete and accurate as possible. If two married people are filling together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.    Part 1:  |       |                      |                   |       | Ī          |                       |                            | our case:     | ation to identify yo                   | Fill in this info        |
|---|-------|----------------------|-------------------|-------|------------|-----------------------|----------------------------|---------------|--|--------------------------|
| United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS    Case number (if known)   | oter  | ing postpetition cha | An amended filing |       |            |                       |                            | annon         | Katrina R Br                           |                          |
| Official Form 106J  Schedule J: Your Expenses  Be as complete and accurate as possible. If two married people are filling together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.  Part 13: Describe Your Household  Is this a joint case?  No. Go to line 2.  Yes. Does Debtor 2 live in a separate household?  Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.  Do not list Debtor 1 and Yes. Fill out this information for each dependent  |       |                      |                   |       | _          |                       |                            |               |  | (Spouse, if filing       |
| Official Form 106J  Schedule J: Your Expenses  Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.  Part 12: Describe Your Household  1. Is this a joint case?  No. Go to line 2.  Yes. Does Debtor 2 live in a separate household?  No  Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.  2. Do you have dependents?  No  Do not list Debtor 1 and Yes. Fill out this information for each dependent  |       |                      | MM / DD / YYYY    | N     |            | DIS                   | HERN DISTRICT OF ILLING    | : NORTH       | kruptcy Court for the                  | United States Ba         |
| Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.    Part 1:   |       |                      |                   |       |            |                       |                            |               |  | l .                      |
| Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.    Part 1:   |       |                      |                   |       |            |                       |                            |               |  |                          |
| Information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.    Part 1:  | 12/15 |                      | U                 |       | -41        | - Clima to mathematic |                            |               |  |                          |
| 1. Is this a joint case?  ■ No. Go to line 2.  □ Yes. Does Debtor 2 live in a separate household?  □ No □ Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.  2. Do you have dependents? □ No Do not list Debtor 1 and □ Yes. Fill out this information for each dependent  |       |                      |                   |       |            |                       | ach another sheet to this  | eded, atta    | more space is ne                       | information. I           |
| □ Yes. Does Debtor 2 live in a separate household? □ No   □ Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.    2. Do you have dependents?  Do not list Debtor 1 and Debtor 2.  Do not state the dependents names.  Do not state the dependents names.  Do not state the dependents names.  Do your expenses include expenses include expenses of people other than yourself and your dependents?  Part 2: Estimate Your Ongoing Monthly Expenses  Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.  |       |                      |                   |       |            |                       |                            | ehold         |  |                          |
| 2. Do you have dependents? No  Do not list Debtor 1 and Debtor 2.  Do not state the dependents names.  Dependent's relationship to Debtor 2.  Do not state the dependents names.  Dependent's relationship to Debtor 2.  Do not state the dependents names.  Do not state the dependents names.  No Yes No Yes No Yes No Yes No Yes Stimate Your Ongoing Monthly Expenses  Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.  |       |                      | or 2.             | Debto | ehold of D | for Separate Housi    |                            | •             | es Debtor 2 live i                     | ☐ Yes. [                 |
| Do not list Debtor 1 and Debtor 2.  Do not state the dependents names.  Fill out this information for each dependent  |       |                      |                   |       |            | ·                     | ,                          | ■ No          | ve dependents?                         | 2. Do vou h              |
| dependents names.    Yes   No   Yes   No   Yes   No   Yes   |       |                      |                   | 0     |            |                       |                            | _             | •                                      | Do not lis               |
| □ No □ Yes |       |                      |                   |       |            |                       |                            |               |  |                          |
| 3. Do your expenses include expenses of people other than yourself and your dependents?  Part 2: Estimate Your Ongoing Monthly Expenses  Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental <i>Schedule J</i> , check the box at the top of the form and fill in the applicable date.  |       |                      |                   |       |            |                       |                            |               | o namos.                               | аоронао                  |
| 3. Do your expenses include expenses of people other than yourself and your dependents?  Part 2: Estimate Your Ongoing Monthly Expenses  Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental <i>Schedule J</i> , check the box at the top of the form and fill in the applicable date.  |       | = '                  |                   |       |            |                       |                            |               |  |                          |
| 3. Do your expenses include expenses of people other than yourself and your dependents?  Part 2: Estimate Your Ongoing Monthly Expenses  Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental <i>Schedule J</i> , check the box at the top of the form and fill in the applicable date.  |       |                      |                   |       |            |                       |                            |               |  |                          |
| 3. Do your expenses include expenses of people other than yourself and your dependents?   Part 2: Estimate Your Ongoing Monthly Expenses  Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental <i>Schedule J</i> , check the box at the top of the form and fill in the applicable date.   |       |                      |                   |       |            | -                     |                            |               |  |                          |
| expenses of people other than yourself and your dependents?  Part 2: Estimate Your Ongoing Monthly Expenses  Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental <i>Schedule J</i> , check the box at the top of the form and fill in the applicable date.  |       | ☐ Yes                |                   |       |            |                       |                            |               |  |                          |
| Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to repor expenses as of a date after the bankruptcy is filed. If this is a supplemental <i>Schedule J</i> , check the box at the top of the form and fill in the applicable date.  |       |                      |                   |       |            |                       |                            | han 🗖         | of people other th                     | expense                  |
|   |       |                      |                   |       |            |                       | uptcy filing date unless y | our bankru    | expenses as of your a date after the b | Estimate you expenses as |
| Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on <i>Schedule I: Your Income</i> (Official Form 106I.)  Your expenses  |       | nses                 | Your expe         |       |            |                       |                            |               | ch assistance and                      | the value of s           |
| 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.  4. \$ 800.00  |       | 800.00               |                   | 1. \$ | e 4.       | nclude first mortgag  | -                          |               |  |                          |
| If not included in line 4:  |       |                      |                   |       |            |                       |                            |               | ided in line 4:                        | If not inc               |
| 4a. Real estate taxes 4a. \$ 0.00   |       | 0.00                 |                   | a. \$ | 4a.        |                       |                            |               | estate taxes                           | 4a. Re                   |
| 4b. Property, homeowner's, or renter's insurance 4b. \$ 0.00  |       |                      |                   | ). \$ | 4b.        |                       | r's insurance              | s, or renter' |  |                          |
| 4c. Home maintenance, repair, and upkeep expenses  4c. \$  0.00   |       |                      |                   |       |            |                       |                            | •             |  |                          |
| 4d. Homeowner's association or condominium dues  4d. \$ 0.00  5. Additional mortgage payments for your residence, such as home equity loans  5. \$ 0.00   |       |                      |                   |       |            | ne equity loans       |                            |               |  |                          |

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| Debtor 1 |         | Katrina R Brannon   | Case number (if known)         |                          |
|----------|---------|---|--------------------------------|--------------------------|
| 6.       | Utiliti | ies:  |                                |                          |
|          | 6a.     | Electricity, heat, natural gas  | 6a. \$                         | 0.00                     |
|          | 6b.     | Water, sewer, garbage collection  | 6b. \$                         | 0.00                     |
|          | 6c.     | Telephone, cell phone, Internet, satellite, and cable services                    | 6c. \$                         | 0.00                     |
|          | 6d.     | Other. Specify:   | 6d. \$                         | 0.00                     |
| 7.       | Food    | I and housekeeping supplies   |                                | 300.00                   |
| 8.       | Child   | dcare and children's education costs  | 8. \$                          | 0.00                     |
| 9.       | Cloth   | ning, laundry, and dry cleaning   | 9. \$                          | 20.00                    |
| 10.      | Perso   | onal care products and services   | 10. \$                         | 40.00                    |
| 11.      | Medi    | cal and dental expenses   | 11. \$                         | 0.00                     |
| 12.      | Trans   | sportation. Include gas, maintenance, bus or train fare.                          |                                | 440.00                   |
|          |         | ot include car payments.  | 12. \$                         | 112.00                   |
| 13.      |         | rtainment, clubs, recreation, newspapers, magazines, and books                    |                                | 0.00                     |
| 14.      | Char    | itable contributions and religious donations                                      | 14. \$                         | 0.00                     |
| 15.      | Insur   |   |                                |                          |
|          |         | ot include insurance deducted from your pay or included in lines 4 or             |                                | 0.00                     |
|          |         | Life insurance  | 15a. \$                        | 0.00                     |
|          |         | Health insurance  | 15b. \$                        | 0.00                     |
|          |         | Vehicle insurance   | 15c. \$                        | 0.00                     |
| 40       |         | Other insurance. Specify:   | 15d. \$                        | 0.00                     |
| 16.      | Spec    | s. Do not include taxes deducted from your pay or included in lines 4<br>if tr    | or 20.<br>16. \$               | 0.00                     |
| 17       |         | illment or lease payments:  | 10. ψ                          | 0.00                     |
| 17.      |         | Car payments for Vehicle 1  | 17a. \$                        | 0.00                     |
|          |         | Car payments for Vehicle 2  | 17b. \$                        | 0.00                     |
|          |         | Other Specify:  | 17c \$                         | 0.00                     |
|          |         | Other. Specify:   | 17d. \$                        | 0.00                     |
| 18       |         | payments of alimony, maintenance, and support that you did no                     | ·                              | <del></del>              |
| 10.      | dedu    | icted from your pay on line 5, Schedule I, Your Income (Official F                | orm 106l). 18. \$              | 0.00                     |
| 19.      |         | r payments you make to support others who do not live with you                    |                                | 0.00                     |
|          | Spec    | ify:  | 19.                            |                          |
| 20.      |         | r real property expenses not included in lines 4 or 5 of this form                | or on Schedule I: Your Income. |                          |
|          |         | Mortgages on other property   | 20a. \$                        | 0.00                     |
|          | 20b.    | Real estate taxes   | 20b. \$                        | 0.00                     |
|          | 20c.    | Property, homeowner's, or renter's insurance                                      | 20c. \$                        | 0.00                     |
|          |         | Maintenance, repair, and upkeep expenses  | 20d. \$                        | 0.00                     |
|          | 20e.    | Homeowner's association or condominium dues                                       | 20e. \$                        | 0.00                     |
| 21.      | Othe    | r: Specify:   | 21. +\$                        | 0.00                     |
| 22       | Calci   | ulate your monthly expenses   |                                |                          |
|          |         | Add lines 4 through 21.   | \$                             | 1,272.00                 |
|          |         | Copy line 22 (monthly expenses for Debtor 2), if any, from Official Fo            |                                | 1,272.00                 |
|          |         | Add line 22a and 22b. The result is your monthly expenses.                        | \$                             | 1,272.00                 |
|          | 220.7   | Add line 22a and 22b. The result is your monthly expenses.                        | Ψ                              | 1,272.00                 |
| 23.      |         | ulate your monthly net income.  |                                | <u> </u>                 |
|          |         | Copy line 12 (your combined monthly income) from Schedule I.                      | 23a. \$                        | 0.00                     |
|          | 23b.    | Copy your monthly expenses from line 22c above.                                   | 23b\$                          | 1,272.00                 |
|          |         |   |                                |                          |
|          | 23c.    | Subtract your monthly expenses from your monthly income.                          | 23c. \$                        | -1,272.00                |
|          |         | The result is your <i>monthly net income</i> .                                    | 23c.   \$                      | 1,212.00                 |
| 24       | Do v    | ou expect an increase or decrease in your expenses within the y                   | ear after you file this form?  |                          |
| 44.      |         | kample, do you expect to finish paying for your car loan within the year or do yo |                                | or decrease because of a |
|          |         | ication to the terms of your mortgage?  | . , 55,14,                     |                          |
|          | ■ No    | 0.  |                                |                          |
|          | ПУ      |   |                                |                          |

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| F20 20 40 20      | Information to Monthly   |   |                              |   |                          |
|-------------------|--|---|------------------------------|---|--------------------------|
|                   | information to identify your   |   |                              |   |                          |
| Debtor 1          | Katrina R Branno   | N Middle Name                                     | Last Name                    |   |                          |
| Debtor 2          | First Name   | Middle Name                                       | Last Name                    |   |                          |
| (Spouse if, filir | ng) First Name   | Middle Name                                       | Last Name                    |   |                          |
| United Sta        | ites Bankruptcy Court for the:   | NORTHERN DISTRIC                                  | T OF ILLINOIS                |   |                          |
| Case num          | her  |   |                              |   |                          |
| (if known)        |  |   |                              |   | Check if this is an      |
|                   |  |   |                              |   | amended filing           |
| You must f        |  | le bankruptcy schedule<br>n connection with a bar | es or amended schedules      | rect information.<br>s. Making a false statement, con<br>in fines up to \$250,000, or impri |                          |
|                   | Sign Below   |   |                              |   |                          |
| Did y             | ou pay or agree to pay some  | one who is NOT an atto                            | orney to help you fill out b | pankruptcy forms?   |                          |
| <b>-</b>          | No   |   |                              |   |                          |
|                   | Yes. Name of person  |   |                              | Attach Bankruptcy Peti  |                          |
|                   |  |   |                              | Declaration, and Signa  | ture (Official Form 119) |
| that th           | r penalty of perjury, I declare<br>ney are true and correct.<br>s/ Katrina R Brannon | that I have read the su                           | mmary and schedules file     | ed with this declaration and  |                          |
|                   | atrina R Brannon   |   | Signature of                 | Debtor 2  |                          |
|                   | ignature of Debtor 1   |   | 2.3                          |   |                          |
| D                 | ate _June 11, 2018   |   | Date                         |   |                          |

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| Fill in   | this inforn             | nation to identify you                       | ur case:                                   |  |  |   |
|-----------|-------------------------|--|--|--|--|---|
| Debto     | r 1                     | Katrina R Branı                              |  | Last Name  |  |   |
| Debto     | r 2                     | First Name                                   | Middle Name                                | Last Name  |  |   |
|           | if, filing)             | First Name                                   | Middle Name                                | Last Name  |  |   |
| United    | l States Ba             | nkruptcy Court for the                       | : NORTHERN DISTRICT                        | Γ OF ILLINOIS  |  |   |
| Case      | number                  |  |  |  |  |   |
| (if knowr | _                       |  |  |  |  | Check if this is an amended filing                    |
|           |                         |  |  |  |  | amenaea ming  |
| Offic     | cial Fo                 | rm 107                                       |  |  |  |   |
|           |                         |  | Affairs for Indiv                          | iduals Filing for E  | Bankruptcy                                 | 4/10  |
| inform    | ation. If mer (if know) | nore space is needed<br>n). Answer every que | l, attach a separate sheet t               | e are filing together, both are to this form. On the top of an outlined Before                         |  |   |
| 1. W      | hat is you              | r current marital stat                       | us?  |  |  |   |
|           | l Married               |  |  |  |  |   |
|           | Not mar                 |  |  |  |  |   |
| 2 D       | unina tha l             | aat 2 waara hawa wa                          | . lived envelope ether the                 | n where you live new?  |  |   |
| 2. D      | uring the id            | asi 5 years, nave you                        | u lived anywhere other tha                 | ii where you live now?   |  |   |
|           | l No                    |  |  |  |  |   |
|           | Yes. Lis                | st all of the places you                     | lived in the last 3 years. Do              | not include where you live now   | N.   |   |
| D         | Debtor 1 Pr             | ior Address:                                 | Dates Debtor lived there                   | 1 Debtor 2 Prior A   | ddress:                                    | Dates Debtor 2<br>lived there                         |
| 1         | 962 E. 73               | ord Place #306                               | From-To:                                   | ☐ Same as Debtor   | 1  | ☐ Same as Debtor 1                                    |
| C         | Chicago, I              | L 60649                                      | to   |  |  | From-To:  |
|           |                         |  |  |  |  |   |
| _         |                         |  | ?  |  |  |   |
|           | and territor            | <i>ies</i> include Arizona, C                |  | egal equivalent in a commul<br>Nevada, New Mexico, Puerto R<br>Official Form 106H).                    |  |   |
|           | _                       | ·  | ·  | ,  |  |   |
| Part 2    | Explai                  | in the Sources of Yo                         | ur Income                                  |  |  |   |
| Fi        | II in the tota          | al amount of income y                        | ou received from all jobs and              | ting a business during this y<br>d all businesses, including par<br>sive together, list it only once u | t-time activities.                         | endar years?  |
|           | ] No                    |  |  |  |  |   |
|           | Yes. Fill               | I in the details.                            |  |  |  |   |
|           |                         |  | Debtor 1                                   |  | Debtor 2                                   |   |
|           |                         |  | Sources of income<br>Check all that apply. | Gross income<br>(before deductions and<br>exclusions)  | Sources of income<br>Check all that apply. | Gross income<br>(before deductions<br>and exclusions) |
|           |                         |  |  |  |  |   |

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Case number (if known) Debtor 1 Katrina R Brannon

|     |   |  |   | Debtor 1   |   | Debtor 2   |  |   |
|-----|---|--|---|--|---|--|--|---|
|     |   |  |   | Sources of income<br>Check all that apply.   | Gross income<br>(before deductions and<br>exclusions)   | Sources of inc<br>Check all that a   |  | Gross income<br>(before deductions<br>and exclusions) |
|     |   | ndar year:<br>December                         | 31, 2017 )  | ■ Wages, commissions, bonuses, tips  | \$55,764.00   | ☐ Wages, com bonuses, tips   | missions,                                |   |
|     |   |  |   | ☐ Operating a business   |   | ☐ Operating a  | business                                 |   |
|     |   | ndar year be<br>December                       |   | ■ Wages, commissions, bonuses, tips  | \$65,672.00   | ☐ Wages, com<br>bonuses, tips  | missions,                                |   |
|     |   |  |   | ☐ Operating a business   |   | ☐ Operating a  | business                                 |   |
| 5.  | Include in and other winnings.  List each | come regard<br>public benef<br>If you are fili | less of wheth<br>it payments;<br>ng a joint cas<br>he gross inco  | e during this year or the two<br>er that income is taxable. Exa<br>pensions; rental income; inter<br>e and you have income that y<br>me from each source separat   | amples of other income are a<br>est; dividends; money collec-<br>rou received together, list it of  | alimony; child supp<br>sted from lawsuits;<br>only once under De                   | royalties; and<br>ebtor 1.               |   |
|     |   |  |   | Debtor 1   |   | Debtor 2   |  |   |
|     |   |  |   | Sources of income<br>Describe below.   | Gross income from<br>each source<br>(before deductions and<br>exclusions)   | Sources of inc<br>Describe below   |  | Gross income<br>(before deductions<br>and exclusions) |
| Pai | rt 3: Lis                                 | t Certain Pa                                   | yments You  | Made Before You Filed for I  | Bankruptcy  |  |  |   |
| 6.  | □ No.                                     | Neither De individual puring the No. Yes       | 90 days beform that the paid that created adjustment or Debtor 2 or 90 days beform the paid that created adjustment or Debtor 2 or 90 days beform the paid that the paid the | each creditor to whom you pai<br>editor. Do not include paymen<br>payments to an attorney for the<br>on 4/01/19 and every 3 years<br>or both have primarily consulter<br>are you filed for bankruptcy, distance you filed for bankruptcy, distance are the creditor to whom you pai<br>ments for domestic support of | d you pay any creditor a total d a total of \$6,425* or more atts for domestic support oblighis bankruptcy case. It is after that for cases filed on timer debts.  It d you pay any creditor a total d a total of \$600 or more and d a total of \$600 or more and d a total of \$600 or more and | in one or more pay gations, such as che or after the date or all of \$600 or more? | re? ments and the support a fadjustment. | ne total amount you<br>nd alimony. Also, do           |
|     |   |  |   | this bankruptcy case.  |   | •  | ·  |   |
|     | Creditor                                  | 's Name and                                    | d Address   | Dates of payme   | nt Total amount paid  | Amount you still owe   | Was this p                               | payment for   |

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| 7.  | Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. |                              |                      |                         |                     |                                |  |
|-----|---|------------------------------|----------------------|-------------------------|---------------------|--------------------------------|--|
|     | ■ No  |                              |                      |                         |                     |                                |  |
|     | ☐ Yes. List all payments to an insider.   |                              |                      |                         |                     |                                |  |
|     | Insider's Name and Address  | Dates of payment             | Total amount paid    | Amount you still owe    | Reason for          | this payment                   |  |
| 8.  | Within 1 year before you filed for bankrupte insider? Include payments on debts guaranteed or cost  |                              | ments or transfer a  | any property on a       | ccount of a d       | lebt that benefited an         |  |
|     | ■ No □ Yes. List all payments to an insider   |                              |                      |                         |                     |                                |  |
|     | Insider's Name and Address  | Dates of payment             | Total amount         | Amount you              | Peason for          | this navment                   |  |
|     | insider 5 Name and Address  | Dates of payment             | paid                 | Amount you<br>still owe |                     | r this payment<br>ditor's name |  |
| Pai | t 4: Identify Legal Actions, Repossession   | ns, and Foreclosures         |                      |                         |                     |                                |  |
| 9.  | Within 1 year before you filed for bankrupte List all such matters, including personal injury modifications, and contract disputes.  ■ No □ Yes. Fill in the details.   |                              |                      |                         |                     |                                |  |
|     | Case title Case number  | Nature of the case           | Court or agency      |                         | Status of the       | ne case                        |  |
| 10. | Within 1 year before you filed for bankrupte Check all that apply and fill in the details below  No. Go to line 11.  Yes. Fill in the information below.  |                              | erty repossessed, f  | oreclosed, garnis       | shed, attache       | d, seized, or levied?          |  |
|     | Creditor Name and Address   | Date                         |                      | Value of the            |                     |                                |  |
|     |   | Explain what happened        | I                    |                         |                     | property                       |  |
| 11. | Within 90 days before you filed for bankrup accounts or refuse to make a payment bec  ■ No □ Yes. Fill in the details.  |                              |                      |                         |                     | amounts from your              |  |
|     | Creditor Name and Address   |                              | action was           | Amount                  |                     |                                |  |
| 12. | Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?  No Yes  |                              |                      |                         |                     | efit of creditors, a           |  |
| Pai | t 5: List Certain Gifts and Contributions   |                              |                      |                         |                     |                                |  |
| 13. | Within 2 years before you filed for bankrup  ■ No □ Yes. Fill in the details for each gift.   | otcy, did you give any gifts | s with a total value | of more than \$60       | 00 per person       | ?                              |  |
|     | Gifts with a total value of more than \$600 per person  | Describe the gifts           |                      | Date<br>the g           | s you gave<br>lifts | Value                          |  |
|     | Person to Whom You Gave the Gift and Address:   |                              |                      |                         |                     |                                |  |

| 20210.   | Katrina R Brannon   | Document  | Page 35 of 48 Case number  | er (if known)  |                                       |
|--|---|---|--|--|---------------------------------------|
| 14. <b>Witl</b>  | hin 2 years before you filed for bank<br>No   | kruptcy, did you give any g   | ifts or contributions with a to  | tal value of more thar                               | ı \$600 to any charity?               |
| mo<br>Ch   | Yes. Fill in the details for each gift or<br>its or contributions to charities that<br>are than \$600<br>arity's Name<br>dress (Number, Street, City, State and ZIP Co  | total Describe what y   | ou contributed   | Dates you contributed                                | Value                                 |
| Part 6:  | List Certain Losses   |   |  |  |                                       |
|  | hin 1 year before you filed for bankr<br>pambling?  No Yes, Fill in the details.  | ruptcy or since you filed for   | bankruptcy, did you lose an  | ything because of the                                | eft, fire, other disaster             |
|  | scribe the property you lost and w the loss occurred  |   | surance has paid. List pending   | Date of your loss                                    | Value of property                     |
| ho   |   | insurance claims on line 3  | 3 of Schedule A/B: Property.   |  |                                       |
| Part 7:  | List Certain Payments or Transfe  |   | 3 of Schedule A/B: Property.   |  |                                       |
| Part 7:  16. With con Include                          | hin 1 year before you filed for bankr<br>sulted about seeking bankruptcy o<br>ude any attorneys, bankruptcy petition  | rrs<br>ruptcy, did you or anyone e<br>r preparing a bankruptcy p  | Ise acting on your behalf pay  |  | erty to anyone you                    |
| Part 7:  16. With con                                  | hin 1 year before you filed for bankr<br>sulted about seeking bankruptcy of<br>ude any attorneys, bankruptcy petition<br>No   | rrs<br>ruptcy, did you or anyone e<br>r preparing a bankruptcy p  | Ise acting on your behalf pay  |  | erty to anyone you                    |
| Part 7:  16. With con Inclu  Per Ad Em                 | hin 1 year before you filed for bankr<br>sulted about seeking bankruptcy o<br>ude any attorneys, bankruptcy petition  | ruptcy, did you or anyone er preparing a bankruptcy p preparers, or credit counseling.  Description and transferred | Ise acting on your behalf pay  |  | erty to anyone you  Amount of payment |
| Part 7:  16. With con Include Per Ad Em Per 10: 23: Ch | hin 1 year before you filed for bankr<br>sulted about seeking bankruptcy of<br>ude any attorneys, bankruptcy petition<br>No<br>Yes. Fill in the details.<br>rson Who Was Paid<br>dress<br>nail or website address | ruptcy, did you or anyone er preparing a bankruptcy p preparers, or credit counseling.  Description and transferred | Ise acting on your behalf pay etition? ng agencies for services requir | ed in your bankruptcy.  Date payment or transfer was | Amount of                             |

Do not include any payment or transfer that you listed on line 16.

No

☐ Yes. Fill in the details.

Person Who Was Paid Description and value of any property Date payment Amount of Address transferred or transfer was payment made

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|     | Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.  No  Yes. Fill in the details. |  |   |             |   |   |  |
|-----|---|--|---|-------------|---|---|--|
|     | Person Who Received Transfer<br>Address<br>Person's relationship to you   |  | Description and value of property transferred |             | ibe any property or<br>ents received or debts<br>n exchange | Date transfer was made                        |  |
| 19. | Within 10 years before you filed for bankrupt beneficiary? (These are often called asset-proton No ☐ Yes. Fill in the details.  |  | y property to a                               | self-settle | d trust or similar device                                   | of which you are a                            |  |
|     | Name of trust   | Description and v  | alue of the prop                              | erty trans  | sferred   | Date Transfer was                             |  |
|     |   |  |   |             |   | made  |  |
| Par | 8: List of Certain Financial Accounts, Inst   | ruments, Safe Deposit  | t Boxes, and Sto                              | orage Unit  | S   |   |  |
|     | Within 1 year before you filed for bankruptcy sold, moved, or transferred? Include checking, savings, money market, or houses, pension funds, cooperatives, associ  ■ No  | other financial accou  | nts; certificates                             | of deposi   |   |   |  |
|     | Yes. Fill in the details.   |  | _   |             | _   |   |  |
|     |   | est 4 digits of Type of account or instrument                            |   | int or      | Date account was closed, sold, moved, or transferred        | Last balance<br>before closing or<br>transfer |  |
|     | Urban Partnership Bank<br>7936 S. Cottage Grove<br>Chicago, IL 60619  | Checking ☐ Savings ☐ Money Market ☐ Brokerage ☐ Other                    |   | ket         | 4/2018  | \$300.00                                      |  |
|     | Do you now have, or did you have within 1 yecash, or other valuables?   | ear before you filed for   | bankruptcy, an                                | y safe de   | posit box or other depos                                    | itory for securities,                         |  |
|     | ■ No □ Yes. Fill in the details.  |  |   |             |   |   |  |
|     | Name of Financial Institution Address (Number, Street, City, State and ZIP Code)  | Who else had acc<br>Address (Number, S                                   |   | Describe    | the contents  | Do you still have it?                         |  |
| 22. | State and ZIP Code)  Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?  |  |   |             |   |   |  |
|     | ■ No  |  |   |             |   |   |  |
|     | Yes. Fill in the details.   |  |   |             |   |   |  |
|     | Name of Storage Facility Address (Number, Street, City, State and ZIP Code)   | Who else has or h<br>to it?<br>Address (Number, S<br>State and ZIP Code) | ımber, Street, City,                          |             | the contents  | Do you still have it?                         |  |

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Debtor 1 Katrina R Brannon

| Par | 9: Identify Property You Hold or Control for  | Someone Else  |  |                       |  |  |
|-----|---|---|--|-----------------------|--|--|
| 23. | Do you hold or control any property that some for someone.  | one else owns? Include any prope  | rty you borrowed from, are storing fo  | r, or hold in trust   |  |  |
|     | No  |   |  |                       |  |  |
|     | Yes. Fill in the details.   |   |  |                       |  |  |
|     | Owner's Name<br>Address (Number, Street, City, State and ZIP Code)  | Where is the property?<br>(Number, Street, City, State and ZIP<br>Code)   | Describe the property                  | Value                 |  |  |
| Par | Give Details About Environmental Inform   | nation  |  |                       |  |  |
| For | he purpose of Part 10, the following definitions  | s apply:  |  |                       |  |  |
|     | Environmental law means any federal, state, or toxic substances, wastes, or material into the a regulations controlling the cleanup of these su | air, land, soil, surface water, ground                                    | - ·                                    |                       |  |  |
|     | Site means any location, facility, or property as to own, operate, or utilize it, including disposa   | •   | law, whether you now own, operate,     | or utilize it or used |  |  |
|     | Hazardous material means anything an environ hazardous material, pollutant, contaminant, or   |   | s waste, hazardous substance, toxic    | substance,            |  |  |
| Rep | ort all notices, releases, and proceedings that y   | ou know about, regardless of whe  | n they occurred.                       |                       |  |  |
| 24. | Has any governmental unit notified you that yo  | ou may be liable or potentially liable                                    | e under or in violation of an environm | ental law?            |  |  |
|     | ■ No □ Yes. Fill in the details.  |   |  |                       |  |  |
|     | Name of site<br>Address (Number, Street, City, State and ZIP Code)  | Governmental unit<br>Address (Number, Street, City, State an<br>ZIP Code) | Environmental law, if you know it      | Date of notice        |  |  |
| 25. | Have you notified any governmental unit of any  | y release of hazardous material?  |  |                       |  |  |
|     | ■ No □ Yes. Fill in the details.  |   |  |                       |  |  |
|     | Name of site Address (Number, Street, City, State and ZIP Code)   | Governmental unit Address (Number, Street, City, State an ZIP Code)       | Environmental law, if you know it      | Date of notice        |  |  |
| 26. | Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.                 |   |  |                       |  |  |
|     | ■ No □ Yes. Fill in the details.  |   |  |                       |  |  |
|     | Case Title<br>Case Number   | Court or agency Name Address (Number, Street, City, State and ZIP Code)   | Nature of the case                     | Status of the case    |  |  |
| Par | 11: Give Details About Your Business or Co  | nnections to Any Business   |  |                       |  |  |
| 27. | Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?                |   |  |                       |  |  |
|     | ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time                                   |   |  |                       |  |  |
|     | ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)  |   |  |                       |  |  |
|     | ☐ A partner in a partnership  |   |  |                       |  |  |
|     | ☐ An officer, director, or managing executive of a corporation  |   |  |                       |  |  |
|     | <u> </u>  |   |  |                       |  |  |

 $\hfill\square$  An owner of at least 5% of the voting or equity securities of a corporation

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No. None of the above applies. Go to Part 12.

|                          | No. None of the above applies. Go to  | Part 12.   |   |  |  |
|--------------------------|---|--|---|--|--|
|                          | Yes. Check all that apply above and fill in the details below for each business.          |  |   |  |  |
|                          | Business Name Address (Number, Street, City, State and ZIP Code)                          | Describe the nature of the business  Name of accountant or bookkeeper                            | Employer Identification number Do not include Social Security number or ITIN.   |  |  |
|                          | (manipoly chock, chop, chaic and all code)  | Name of accountant of bookkeeper   | Dates business existed  |  |  |
| 28.                      | Within 2 years before you filed for bankrup institutions, creditors, or other parties.    | cy, did you give a financial statement to a  | nyone about your business? Include all financial  |  |  |
|                          | ■ No □ Yes. Fill in the details below.  |  |   |  |  |
|                          | Name<br>Address<br>(Number, Street, City, State and ZIP Code)                             | Date Issued  |   |  |  |
| Par                      | t 12: Sign Below  |  |   |  |  |
| are with                 |   | false statement, concealing property, or o   | declare under penalty of perjury that the answers<br>btaining money or property by fraud in connection<br>ars, or both. |  |  |
| /s/                      | Katrina R Brannon   |  |   |  |  |
| Ka                       |   |  |   |  |  |
| Sig                      | trina R Brannon<br>Inature of Debtor 1  | Signature of Debtor 2  |   |  |  |
| _                        |   | Signature of Debtor 2  Date  |   |  |  |
| Dat                      | nature of Debtor 1  te _June 11, 2018  you attach additional pages to <i>Your Stateme</i> | Date   | g for Bankruptcy (Official Form 107)?   |  |  |
| Date Did □ N □ Y Did □ N | inature of Debtor 1  te   | Date ent of Financial Affairs for Individuals Filin t an attorney to help you fill out bankrupto | y forms?  |  |  |

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|                                 |   | 200                    | amone rago co or ro  |   |
|---------------------------------|---|------------------------|--|---|
| Fill in this inform             | nation to identify you                          | r case:                |  |   |
| Debtor 1                        | Katrina R Brann                                 | on                     |  |   |
|                                 | First Name                                      | Middle Name            | Last Name  |   |
| Debtor 2<br>(Spouse if, filing) | First Name                                      | Middle Name            | Last Name  |   |
|                                 |   |                        |  |   |
| United States Bar               | nkruptcy Court for the:                         | NORTHERN DIST          | TRICT OF ILLINOIS  |   |
| Case number(if known)           |   |                        |  | ☐ Check if this is an amended filing                |
| Official Fo                     |   | on for Indiv           | viduals Filing Under Chapt   | er 7 12/15  |
|                                 | vidual filing under ch                          | -                      | I out this form if:  |   |
| _                               | ed personal property                            |                        | ot avnirod   |   |
| You must file this              | s form with the court<br>ver is earlier, unless | within 30 days after   | you file your bankruptcy petition or by the date s<br>e time for cause. You must also send copies to the |   |
| •                               | ople are filing togeth<br>d date the form.      | er in a joint case, bo | th are equally responsible for supplying correct   | information. Both debtors must                      |
|                                 | and accurate as poss<br>our name and case no    |                        | s needed, attach a separate sheet to this form. Or   | n the top of any additional pages,                  |
| Part 1: List Yo                 | our Creditors Who Ha                            | ve Secured Claims      |  |   |
| For any creditor information be | •   | Part 1 of Schedule D   | : Creditors Who Have Claims Secured by Proper  | ty (Official Form 106D), fill in the                |
| Identify the cre                | editor and the property                         | that is collateral     | What do you intend to do with the property that secures a debt?  | Did you claim the property as exempt on Schedule C? |
| Creditor's                      |   |                        | □ Surrandor the property   | □ No  |
| name:                           |   |                        | ☐ Surrender the property. ☐ Retain the property and redeem it.   | □ NO  |
|                                 |   |                        | ☐ Retain the property and enter into a   | ☐ Yes   |
| Description of                  |   |                        | Reaffirmation Agreement.   |   |
| property                        |   |                        | ☐ Retain the property and [explain]:   |   |
| securing debt:                  |   |                        |  | <u> </u>  |
| Creditor's                      |   |                        | ☐ Surrender the property.  | □ No  |
| name:                           |   |                        | ☐ Retain the property and redeem it.   |   |
| Description of                  |   |                        | Retain the property and enter into a Reaffirmation Agreement.  | ☐ Yes   |

Official Form 108

Creditor's

property

Creditor's

name:

property

securing debt:

Description of

securing debt:

Statement of Intention for Individuals Filing Under Chapter 7

 $\square$  Surrender the property.

☐ Surrender the property.

☐ Retain the property and [explain]:

☐ Retain the property and redeem it.

 $\hfill\square$  Retain the property and enter into a

Reaffirmation Agreement.

☐ Retain the property and [explain]:

□ No

☐ Yes

☐ No

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| Deb          | otor 1                              | Katrina R Brannon   | Case number (if known)   |                                   |
|--------------|-------------------------------------|---|--|-----------------------------------|
| p            | ame:<br>Descriptoroperty<br>ecuring |   | <ul> <li>□ Retain the property and redeem it.</li> <li>□ Retain the property and enter into a Reaffirmation Agreement.</li> <li>□ Retain the property and [explain]:</li> </ul>                | □ Yes                             |
| For<br>in th | any un<br>e info                    | rmation below. Do not list real estate lea  | Leases u listed in Schedule G: Executory Contracts and Unexpire ases. Unexpired leases are leases that are still in effect; the lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2) | e lease period has not yet ended. |
| Des          | scribe                              | your unexpired personal property lease  | s  | Will the lease be assumed?        |
| Des          | sor's na<br>scription<br>perty:     | ame:<br>n of leased   |  | □ No □ Yes                        |
| Des          | sor's na<br>scription<br>perty:     | ame:<br>n of leased   |  | □ No □ Yes                        |
| Des          | sor's na<br>scription<br>perty:     | ame:<br>n of leased   |  | □ No □ Yes                        |
| Des          | sor's na<br>scription<br>perty:     | ame:<br>n of leased   |  | □ No □ Yes                        |
| Des          | sor's na<br>scription<br>perty:     | ame:<br>n of leased   |  | □ No □ Yes                        |
| Des          | sor's na<br>scription<br>perty:     | ame:<br>n of leased   |  | □ No □ Yes                        |
| Les<br>Des   | sor's n                             | ame:<br>n of leased   |  | □ No                              |
|              |                                     | Sign Below  |  | ☐ Yes                             |
|              |                                     | alty of perjury, I declare that I have indic<br>nat is subject to an unexpired lease. | cated my intention about any property of my estate that see  | cures a debt and any personal     |
| X            | Katr                                | Catrina R Brannon ina R Brannon ature of Debtor 1                                     | Signature of Debtor 2  |                                   |
|              | Date                                | June 11. 2018   | Date   |                                   |

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation        |
|------------|--------------------|
| \$245      | filing fee         |
| \$75       | administrative fee |
| + \$15     | trustee surcharge  |
| \$335      | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

## Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing tee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure</a>.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/BankruptcyResources/ApprovedCredit</a> AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 18-16742 Doc 1 Filed 06/12/18 Entered 06/12/18 12:58:58 Desc Main Document Page 45 of 48

B2030 (Form 2030) (12/15)

## **United States Bankruptcy Court**Northern District of Illinois

| In re       | Katrina R Brannon  |   | Case N   | 0.  |           |
|-------------|--|---|--|---|-----------|
|             |  | Debtor(s)   | Chapte   | r <u>7</u>                                |           |
|             | DISCLOSURE OF COMPE  | NSATION OF ATTO   | RNEY FOR   | DEBTOR(S)                                 |           |
| c           | ursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016 ompensation paid to me within one year before the filing rendered on behalf of the debtor(s) in contemplation of   | g of the petition in bankruptcy   | , or agreed to be p  | aid to me, for services render            | ed or to  |
|             | For legal services, I have agreed to accept  |   | \$   | 1,355.00                                  |           |
|             | Prior to the filing of this statement I have received  |   | \$   | 1,355.00                                  |           |
|             | Balance Due  |   | \$   | 0.00                                      |           |
| 2. \$       | <b>335.00</b> of the filing fee has been paid.   |   |  |   |           |
| 3. T        | he source of the compensation paid to me was:  |   |  |   |           |
|             | ■ Debtor □ Other (specify):  |   |  |   |           |
| 4. T        | he source of compensation to be paid to me is:   |   |  |   |           |
|             | ■ Debtor □ Other (specify):  |   |  |   |           |
| 5. <b>I</b> | I have not agreed to share the above-disclosed comp  | ensation with any other persor  | unless they are m  | embers and associates of my               | law firm. |
| [           | I have agreed to share the above-disclosed compensations copy of the agreement, together with a list of the national control of the agreement.   |   |  |   | irm. A    |
| 6. I        | n return for the above-disclosed fee, I have agreed to re  | nder legal service for all aspec  | ets of the bankrupt  | ey case, including:                       |           |
| b<br>c      | Analysis of the debtor's financial situation, and render Preparation and filing of any petition, schedules, stat Representation of the debtor at the meeting of credite [Other provisions as needed]  Exemption planning; preparation and filing of motions pursuant to 11 USG | ement of affairs and plan whic<br>ors and confirmation hearing, a<br>ing of reaffirmation agree   | h may be required<br>and any adjourned<br>ments and appl   | hearings thereof; cations as needed; prep |           |
| 7. B        | y agreement with the debtor(s), the above-disclosed fee<br>Representation of the debtor in any disc<br>one chapter to another; reopening of a c<br>statement post-filing not due to Attorney<br>failure to attend the meeting without a g                                      | chargeability actions or ar<br>closed case; judicial lien a<br>y's fault; and attending ad  | y other adversa<br>voidance; ame<br>ditional credito       | nding a petition, list, sch               | edule or  |
|             |  | CERTIFICATION   |  |   |           |
|             | certify that the foregoing is a complete statement of an<br>inkruptcy proceeding.  | y agreement or arrangement for  | or payment to me f   | or representation of the debto            | r(s) in   |
| Ju          | ne 11, 2018  | /s/ Adam B. Bou   | rdette   |   |           |
| Do          | ·  | Adam B. Bourde<br>Signature of Attorn<br>Ledford, Wu & E<br>105 W. Madison<br>23rd Floor<br>Chicago, IL 6060<br>312-853-0200 Fonotice@billbusto | ette 6325542<br>ey<br>sorges, LLC<br>02<br>ax: 312-873-469 | 3   |           |

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Attorney signature:

Document

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LEDFORD, WU & BORGES, LLC

105 W. Madison, 23rd Floor, Chicago, IL 60602 (312) 853-0200 Fax: (312) 873-4693

### ATTORNEY RETENTION CONTRACT

1. Parties. In this contract, "Client" means the undersigned, both individually and jointly; "Attorney" means the law firm of Ledford, Wu & Borges, LLC, and its staff attorneys. This contract shall supersede any prior contracts and agreements between the parties to the extent of any inconsistencies. 2. Services and Fees: Client retains Attorney for the following services; ☐ Chapter 7: (Split Fee): Client retains Attorney to counsel and represent Client for all purposes in the bankruptcy case, subject to exceptions in section 3. However, Attorney's representation of Client is conditioned on Client entering into an agreement after the filing of the case to pay Attorney for services rendered after the filing of the case. Should Client fail to enter into such an agreement, the court may allow Attorney to withdraw from representation of Client & motion of Attorney.

Pre-filing Legal Fees \$ / 3.55 Pre-filing Expenses \$ 60 Filing Fee \$335.00/Installments: Total Pre-Filing \$ / 250 It is anticipated that Client will enter into a post-filing agreement with Attorney for representation through bankruptcy discharge. Client acknowledges that there is no obligation to enter into such an agreement and that any anticipated fees are not agreed to at this time. Anticipated Post-Filing Fees & Expenses (A separate post-filing contract is required); \$

Chapter 7 (Complete fee): \$ 4/5 PLUS \$335 filing fee (court cost): Total Pre-Filing \$ 750

Payments: Total Due Pre-filing: \$ 1750 tess rotainer received: \$ 14 5 Balance Due to File: \$ 35

The legal fee is an advance payment retainer security retainer classic retainer, and is a flat fee unless otherwise stated. Attorney is unable to represent Client with a classic or security retainer, as that would be within the reach of Client's creditors. Should hourly billing be necessary. Attorney's billing rates are \$350-\$400/hour for partners, \$300/hour for associates, and \$90/hour for law clerks. The filing fee, expenses and billing rates subject to change at any time. The legal fee covers the initial consultation and all subsequent work agreed to above. All pre-filing fees above are to be paid in full before filing. The case may be closed if the fees are not paid timely. Additional legal fees and court costs may apply, and a separate contract may be required, in the event of conversion from one chapter to another, amending required documents, attending additional creditors' meetings, reopening of a closed case, unnecessary work caused by Client's delay, or any other fact not known to Attorney in writing at the time of the initial consultation that complicates the case. An NSF check or chargeback will be assessed a \$40 fee. 3. Scope of Representation: (a) Attorney will counsel and represent Client in all aspects of the above matter as elected in Paragraph 2 EXCEPT: (1) adversary proceedings; (2) § 722 redemption; (3) judicial lien avoidance; (4) post-discharge litigation; (5) appeals; (6) other (b) Attorney may agree, but is not obligated, to represent Client in the above excluded matters for an additional fee, to be agreed upon separately by the parties with a separate retention agreement. Initial Consultation. Client acknowledges that Attorney has explained the following (please initial): The options of Chapter 7 and Chapter 13 and that Client has made the choice identified in Paragraph 2 The concepts of exemption, discharge and dischargeability, and pre-filing and post-filing procedures The difference among various types of retainer and that Client has made the choice identified in Paragraph 4 TIME IS OF THE ESSENCE. Any delay on Client's part may disqualify Client for the type of relief elected or otherwise adversely affect Client's case. Attorney may not be able to file the case, or take other necessary actions, until all requested documents and/or information, including but not limited to a certificate of credit counseling, are received by Attorney Client understands that the advice given during the initial consultation is preliminary and based on the information available at the time, and may change as the case is further analyzed, more facts discovered, or Client's circumstances or the law changed. 5. Client's Duties. Client agrees, during the course of representation, to: (a) provide Attorney with full, accurate and timely information, financial and otherwise; (b) follow Attorney's procedures and cooperate with Attorney in providing requested documents; (c) promptly inform Attorney of any change of address, phone number, e-mail address or employment, or activation of military duty; (d) inform Attorney before buying, selling, refinancing or transferring any real or personal property in which Client has an interest, and before incurring any debt, including but not limited to applying for any loan, credit card or line of credit, or using an existing credit card; and (e) promptly inform Attorney if Client becomes entitled to an inheritance, an asset as a result of a property settlement agreement with Client's spouse or a divorce decree, life insurance proceeds, or a monetary judgment, award or settlement. 6. Co-counsel. Client understands that more than one attorney may work on this case. Where necessary, Client agrees to employ one or more of the following outside counsel, at Attorney's expense, to work on this case: Kathleen W. Vaught, Kelly M. Johnson, Wayne J. Skelton, Christina Banyon, David Hall Carter, Derek V. Lofland and/or 7. Termination. Client may discharge Attorney at any time, subject to payment of any fee owed for the services already rendered. Attorney may terminate the representation as permitted by the Illinois Rules of Professional Conduct and Local Bankruptcy Rules. Any flat fee for a bankruptcy case is advance payment for future services, becomes Attorney's property upon receipt, and is nonrefundable upon filing of the petition. In the event the representation is terminated by either party before filing and Client has paid Attorney more than \$300, Attorney will provide Client with a detailed itemization of the services rendered in support of any fee charged at the rate set forth in Paragraph 2, Client will reimburse Attorney for any expenses, including those that otherwise would be free of charge, and Client authorizes Attorney to apply the filing fee and any payment for expenses that have not been incurred towards the attorney's fee, subject to the requirements set forth herein. A retainer in the amount of \$300 or less is nonrefundable. 1 Manual Con 3,29,18 Date:

### **United States Bankruptcy Court** Northern District of Illinois

| In re | Katrina R Brannon                          |   | Case No.                    |                |
|-------|--|---|-----------------------------|----------------|
|       |  | Debtor(s)   | Chapter 7                   |                |
|       | VE   | CRIFICATION OF CREDITOR M                                     | IATRIX                      |                |
|       |  | Number of   | Creditors:                  | 9              |
|       | The above-named Debtor(s) (our) knowledge. | hereby verifies that the list of credi                        | tors is true and correct to | the best of my |
| Date: | June 11, 2018                              | /s/ Katrina R Brannon  Katrina R Brannon  Signature of Debtor |                             |                |

Katrina R Brannon 8101 S. Ada Chicago, IL 60620

Adam B. Bourdette Ledford, Wu & Borges, LLC 105 W. Madison 23rd Floor Chicago, IL 60602

Aes/Rbs Citizens Na Attn: Bankruptcy Dept Po Box 2461 Harrisburg, PA 17105

Capital One Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130

Chase Card Services Correspondence Dept Po Box 15298 Wilmington, DE 19850

Dept of Ed / Navient Attn: Claims Dept Po Box 9635 Wilkes Barr, PA 18773

Discover Financial Po Box 3025 New Albany, OH 43054

Lending Club Corp 71 Stevenson St Suite 300 San Francisco, CA 94105

University of Chicago 75 Remittance Dr, Ste 1385 Chicago, IL 60675